(Amended F	hber 7, 1950 Ap 1. 51, Supp. No. 11) bebruary 20, 1952)	SI.	RVICES OTHER T	HAN LEN	OUVAL	В	ı. Vou. No	•	/ 		
U. S. COST REIMBURSABLE (Department, bureau, or establishment) Voucher prepared at								FAID BI			
							-				
THE UNITED	STATES, Dr.,	P	Payee's Account No				DPS 2968				
Γο								COP	y / OF 1	į	
· · · · · · · · · · · · · · · · · · ·			(Payee)				-				
/F*	(Add	dress)	(City)		State)						
No. and Date of	Date of Delivery	(Enter descript	ARTICLES OR SERVIC	ES OR SERVICES umber of contract or Federal sup		apply		PRICE	AMOUNT		
Order	or Service	schedule, Discount Terms	and other information dee	med necessary)	QUANTITY	Cost	Per	Dollars	Cte	
		Cost							83.	• 26	
AYMENT:											
Complete Partial											
Final											
nipped from	<u> </u>	to .	se continuation sheet(s) if no Weight	Government	B/L No.		<u> </u>	Total	83	126	
I certify that the above bill is correct and just and that payment has not been received.					(Payee must NOT use this space)					1=	
STATOTHR			Differences				n e n n n		_		
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ate 7/25/5	58 ±p									-	
Pate	Payee	te not required whe	n a like certificate is made by payee on a	ttached bill or bills)	Amo	ant verified;	correct for		\$ 83	20	
Per		Title				ature or init				•	
Contract No.	A-101	Date	Req. No),	Ε	Date	I	nvoice Rec'	d.		
ursuant to autho	ority vested in me.	I certify that this acc	count is correct and proper	for payment.							
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			SIGN	(†(Authorized			ing Officer)			
у			ORIGINAL ONLY	Title							
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65	THE REVERSE OF T	IIIS FORM HOST DE EXECC	TED WILL I ORGINASES ARE MAD	E OR SERVICES SEC	OKED WITH	OUI WRIIIEN					
	ACCOU	NTING CLASSIFICA	ATION (Appropriation Syn	nbol must be sl	own; oth	er classificat	ion option	nal)			
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			10	f ¢			fon Tre	asurer of the U	United States in f	avor	
	No	dated	, 19	., ror \$			{				
<u></u>			, 19				lpavce	named above.			

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020047-3